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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/608,742			ing Date 27/2003	To be Mailed
	AF	PPLICATION A	AS FILE	SMALL	OTHER THAN SMALL ENTITY OR SMALL ENTITY						
	FOR		JMBER FIL		(Column 2) NUMBER EXTRA	Т	RATE (\$)	FEE (\$)	T	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A			N/A	
	SEARCH FEE (37 CFR 1.16(k), (i), (i)		N/A		N/A		N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		min	us 20 = •	•		x \$ =		OR	x \$ =	
IND	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 =		•		x \$ =		1	x \$ =	
	APPLICATION SIZE (37 CFR 1.18(s))	shee is \$2 addit	If the specification and sheets of paper, the ap is \$250 (\$125 for smal additional 50 sheets of 35 U.S.C. 41(a)(1)(G)		pplication size fee due ill entity) for each or fraction thereof. See and 37 CFR 1.16(s).						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											·
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL			TOTAL	
APPLICATION AS AMENDED PART II (Column 1) (Column 2) (Column 3) SMALL ENTITY OR									OTHER THAN SMALL ENTITY		
AMENDMENT	11/08/2006	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESEN LY EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18(i))	· 18	Minus	~ 20	= 0		x \$ =		OR	x \$0=	0
	Independent (37 CFR 1.16(h))	• 3	Minus	 3	= 0		x \$ =		OR	X \$0=	0
Ĭ.	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
/6. /· D 7 (Column 1) (Column 2) (Column 3)							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
ENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSI PAID FOR	PRESEN LY EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18(i))	. /9	Minus	**	=		x \$ =		OR	x \$ =	
DΜ	Independent (37 CFR 1.16(h))	. 3	Minus	***	=		x \$ =		OR	x \$ =	
AMENDMEN	Application Size Fee (37 CFR 1.16(s))										
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							TOTAL ADD'L FEE	netrumont Ex	OR Camin	TOTAL ADD'L FEE	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

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